



ANNUAL SURVEY OF HOSPITALS 2005 (With Patient Origin)

PLEASE RETURN THIS SURVEY NO LATER THAN JANUARY 31, 2006.

Mail or fax a typed or clearly printed copy to: Department of Public Health and Human Services, Certificate of Need Program, 2401 Colonial Drive, 2nd Floor, P.O. Box 202953, Helena, Montana 59620-2953. This survey may also be completed by using the Tab key to access each field and submitted electronically to psourbeer@mt.gov

Name and Address of Facility:

E-Mail Contact: _____

Important instructions for completing specific parts of the survey begin each section and are marked with the ✕ character.

A. REPORTING PERIOD

✕ **The preferred reporting period is January 1, 2005 through December 31, 2005.** It is permissible to use a different 12-month period, but please be consistent from year to year and indicate the time period used. Report data for a full 12-month period (365 days).

1. Indicate reporting period used.
Beginning ___/___/___ and ending ___/___/___
2. Was the facility in operation 12 full months at the end of the period? ☐ Yes ☐ No

B. CLASSIFICATION

✕ **Not For Profit** means excess revenue retained by corporation and exempt from federal income taxation.

1. ☐ NOT FOR PROFIT ☐ FOR PROFIT
2. a. Please name owner of facility (county, corporation, etc.) _____
b. Please name management firm of facility (N/A if management is not provided through contract) _____
3. a. Is the facility operated as part of a chain, whether for profit or not?
☐ Yes ☐ No
b. If YES, please give the name and address of the PARENT organization.

C. UTILIZATION OF BEDS AND SERVICES

✖Report utilization for a full 12-month period.

4. **Neonatal.** Please include data for admissions and inpatient days; bassinets are not included in the number of licensed beds, therefore they are not included in this bed utilization data.

9. **Other.** This category should NOT include any long-term care facility (skilled nursing) beds operated as part of a combined facility. The utilization of long-term care beds should be reflected on the facility's Annual Survey of Long-Term Care Facilities.

10. **Total.** The sum of the individual categories of licensed beds MUST equal the total number of hospital beds for which the facility is licensed by the State of Montana.

BED AND SERVICE CATEGORIES	BEDS LICENSED	BEDS STAFFED	ADMISSIONS	INPATIENT DAYS
1. GENERAL MEDICAL/SURGERY (ADULT)				
2. GENERAL MEDICAL/SURGERY (PEDIATRIC)				
3. OBSTETRICS				
4. NEONATAL (ICU and intermediate care)	Bassinets are not included in bed licensure.			
5. ICU/CCU				
6. REHABILITATION				
7. PSYCHIATRIC				
8. CHEMICAL DEPENDENCY				
9. OTHER				
10. TOTAL				
Swing beds should include only those beds certified as swing beds; other long-term care facility (skilled nursing) beds should NOT be included in this section. The number of swing beds should reflect the number of swing beds for which the facility is licensed by the State of Montana.				
11. SWING BEDS				

D. OTHER FACILITY INFORMATION

1. SURGERIES	INPATIENT	OUTPATIENT	TOTAL
2. OPEN-HEART SURGERY (NUMBER OF PROCEDURES)	ADULT	PEDIATRIC	TOTAL
3. DEATHS	FETAL	ALL OTHERS	TOTAL
4. NUMBER OF BASSINETS			
5. NUMBER OF BIRTHS			
6. NUMBER OF NEWBORN DAYS			

E. PERSONNEL DATA

✖ Exclude volunteers and all personnel whose salary is financed entirely by outside research grants. For combined facilities, report **ONLY HOSPITAL** personnel.

6. **All other health professional and technical personnel** refer to speech, occupational, physical, respiratory therapists, x-ray and laboratory technicians, etc.

7. **All other personnel** refer to cooks, housekeeping and an estimate of FTEs for shared personnel in combined facilities.

	FULL-TIME (35 HR/WK)	PART-TIME (<35 HR/WK)
1. Administration	_____	_____
2. Physicians	_____	_____
3. Dentists	_____	_____
4. Nursing services (RN, LPN, CNA)	_____	_____
5. Physician Assistants/Nurse Practitioners	_____	_____
6. All other health professional and technical personnel	_____	_____
7. All other personnel	_____	_____
8. TOTAL (All Categories)	_____	_____

F. FINANCIAL DATA

✖ Report expenses for the full 12-month period. If actual figures are not available, please estimate (indicate which figures have been estimated). Round to the nearest dollar. **Do not include financial data from other combined facilities such as clinics, home health agencies, or long-term care.**

1. a. **Gross revenue:** The total billing revenues from inpatient and outpatient care, and all other **HOSPITAL** sources.
- b. **Net revenue:** This is the gross revenue minus the contractual revenue (deductions); the revenue actually received by the **HOSPITAL**.
- c. **Payroll expenses:** Report salaries for full-time and part-time personnel as reported in section E, Personnel Data. **Benefits** should also be included in payroll expenses.
- d. **Non-payroll expenses:** Include all costs for goods and services that have been used or consumed by the **HOSPITAL** during the reporting period.

1. Total annual operating expenses from most recent financial statement:

- | | |
|--|----------|
| a. Gross revenue | \$ _____ |
| b. Net revenue | \$ _____ |
| c. Payroll expenses (include benefits) | \$ _____ |
| d. Non-payroll expenses | \$ _____ |
| e. Total expenses | \$ _____ |

2. Closing date of financial statement: ____/____/____

Please compare financial data with 2004 Annual Survey financial data and explain any differences exceeding ten percent.

3. Facility's operating revenue by payor source.

		Gross	Net
A. Government	(1) Medicare:	\$ _____	\$ _____
	(2) Medicaid:	\$ _____	\$ _____
	(3) Other:	\$ _____	\$ _____
B. Non-government	(1) Self-pay	\$ _____	\$ _____
	(2) Third-party payors:		
	HMOs	\$ _____	\$ _____
	PPO	\$ _____	\$ _____
	Other	\$ _____	\$ _____
C. Total		\$ _____	\$ _____

G. PATIENT ORIGIN DATA

✱ Please complete this information on pages 5 through 9. Report all patients discharged from the facility for the reporting year by zip code and county of origin. Please total discharges from all counties on page 9.

PLEASE RETURN THIS SURVEY NO LATER THAN JANUARY 31, 2006.

DATE SURVEY COMPLETED __/__/__

ADMINISTRATOR'S NAME (type or print) _____

ADMINISTRATOR'S SIGNATURE _____

If we have questions about any of the responses on this survey, whom should we contact?

NAME _____

TELEPHONE _____

If you have any questions, please contact the Certificate of Need Program, Department of Public Health and Human Services, 2401 Colonial Drive, 2nd Floor, P.O. Box 202953, Helena, Montana 59620-2953. Telephone (406) 444-9519, Fax (406) 444-1742, or E-mail to psourbeer@mt.gov

Thank you!

G. PATIENT ORIGIN DATA FORM - 2005

County

Number of discharges by zip code for each
city/town

Total for county

BEAVERHEAD

59724	DELL	_____
59725	DILLON	_____
59732	GLEN	_____
59736	JACKSON	_____
59739	LIMA/MONIDA	_____
59746	POLARIS	_____
59761	WISDOM	_____
59762	WISE RIVER	_____

BEAVERHEAD COUNTY TOTAL**BIG HORN**

59016	BUSBY	_____
59022	CROW AGENCY	_____
59025	DECKER	_____
59031	GARRYOWEN	_____
59034	HARDIN	_____
59050	LODGE GRASS	_____
59066	PRYOR	_____
59075	SAINT XAVIER	_____
59089	WYOLA	_____
59035	YELLOWTAIL	_____

BIG HORN COUNTY TOTAL**BLAINE**

59523	CHINOOK	_____
59526	HARLEM	_____
59527	HAYS	_____
59529	HOGELAND	_____
59535	LLOYD	_____
59542	TURNER	_____
59547	ZURICH	_____

BLAINE COUNTY TOTAL**BROADWATER**

59641	RADERSBURG	_____
59643	TOSTON	_____
59644	TOWNSEND	_____
59647	WINSTON	_____

BROADWATER COUNTY TOTAL**CARBON**

59007	BEARCREEK	_____
59008	BELFRY	_____
59013	BOYD	_____
59014	BRIDGER	_____
59026	EDGAR	_____
59029	FROMBERG	_____
59041	JOLIET	_____
59051	LUTHER	_____
59068	RED LODGE	_____
59070	ROBERTS	_____
59071	ROSCOE	_____
59080	SILESIA	_____

CARBON COUNTY TOTAL**CARTER**

59311	ALZADA	_____
59316	BOYES	_____
59319	CAPITOL	_____
59324	EKALAKA	_____
59332	HAMMOND	_____
59342	MILL IRON	_____

CARTER COUNTY TOTAL**CASCADE**

59412	BELT	_____
59414	BLACK EAGLE	_____
59421	CASCADE	_____
59443	FORT SHAW	_____
59401	GREAT FALLS	_____
59402	GREAT FALLS/MAFB	_____
59403	GREAT FALLS	_____
59404	GREAT FALLS	_____
59405	GREAT FALLS	_____
59406	GREAT FALLS	_____
59463	MONARCH	_____
59465	NEIHART	_____
59472	SAND COULEE	_____
59477	SIMMS	_____
59480	STOCKETT	_____
59483	SUN RIVER	_____
59485	ULM	_____
59487	VAUGHN	_____

CASCADE COUNTY TOTAL**CHOUTEAU**

59520	BIG SANDY	_____
59420	CARTER	_____
59440	FLOWEREE	_____
59442	FORT BENTON	_____
59446	GERALDINE	_____
59450	HIGHWOOD	_____
59460	LOMA	_____
59476	SHONKIN	_____

CHOUTEAU COUNTY TOTAL**CUSTER**

59336	ISMAY	_____
59338	KINSEY	_____
59301	MILES CITY	_____
59351	VOLBORG	_____

CUSTER COUNTY TOTAL**DANIELS**

59222	FLAXVILLE	_____
59224	FOUR BUTTES	_____
59253	PEERLESS	_____
59263	SCOBEE	_____
59276	WHITETAIL	_____

DANIELS COUNTY TOTAL**DAWSON**

59315	BLOOMFIELD	_____
59330	GLENDIVE/INTAKE	_____
59339	LINDSAY	_____
59259	RICHEY	_____

DAWSON COUNTY TOTAL**DEER LODGE**

59711	ANACONDA	_____
59756	WARM SPRINGS	_____

DEER LODGE COUNTY TOTAL**FALLON**

59313	BAKER	_____
59344	PLEVNA	_____
59354	WILLARD	_____

FALLON COUNTY TOTAL

FERGUS

59418	BUFFALO	_____
59423	CHRISTINA	_____
59424	COFFEE CREEK	_____
59429	DANVERS	_____
59430	DENTON	_____
59438	FERGUS	_____
59441	FORESTGROVE	_____
59445	GARNEILL	_____
59032	GRASSRANGE	_____
59451	HILGER/SUFFOLK	_____
59457	LEWISTOWN/ROSS FORK	_____
59464	MOORE	_____
59471	ROY	_____
59489	WINIFRED	_____

FERGUS COUNTY TOTAL**FLATHEAD**

59911	BIGFORK/SWAN LAKE	_____
59912	COLUMBIA FALLS	_____
59913	CORAM	_____
59902	CRESTON	_____
59916	ESSEX	_____
59919	HUNGRY HORSE	_____
59920	KILA	_____
59901	KALISPELL/EVERGREEN	_____
59921	LAKE MCDONALD	_____
59922	LAKESIDE	_____
59925	MARION	_____
59926	MARTIN CITY	_____
59927	OLNEY	_____
59928	POLEBRIDGE	_____
59932	SOMERS	_____
59936	WEST GLACIER	_____
59937	WHITEFISH	_____

FLATHEAD COUNTY TOTAL**GALLATIN**

59714	BELGRADE	_____
59716	BIG SKY	_____
59715	BOZEMAN	_____
59730	GALLATIN/GATEWAY	_____
59763	LOGAN	_____
59741	MANHATTAN	_____
59742	MAUDLOW	_____
59717	MONTANA STATE UNIV	_____
59752	THREE FORKS	_____
59753	TRIDENT	_____
59760	WILLOW CREEK	_____
59758	WEST YELLOWSTONE	_____

GALLATIN COUNTY TOTAL**GARFIELD**

59318	BRUSETT	_____
59322	COHAGEN	_____
59337	JORDAN	_____
59058	MOSBY	_____
59077	SAND SPRINGS	_____

GARFIELD COUNTY TOTAL**GLACIER**

59411	BABB	_____
59415	BLACKFOOT	_____
59417	BROWNING/SAINT MARY	_____
59427	CUT BANK	_____
59434	EAST GLACIER PARK	_____
59473	SANTA RITA	_____

GLACIER COUNTY TOTAL**GOLDEN VALLEY**

59046	LAVINA/CUSHMAN	_____
59074	RYEGATE	_____

GOLDEN VALLEY COUNTY TOTAL**GRANITE**

59832	DRUMMOND	_____
59837	HALL	_____
59850	MAXVILLE	_____
59858	PHILIPSBURG	_____

GRANITE COUNTY TOTAL**HILL**

59521	BOX ELDER	_____
59525	GILDFORD	_____
59501	HAVRE/SIMPSON	_____
59528	HINGHAM	_____
59530	INVERNESS	_____
59532	KREMLIN	_____
59540	RUDYARD	_____

HILL COUNTY TOTAL**JEFFERSON**

59631	BASIN	_____
59632	BOULDER	_____
59721	CARDWELL	_____
59634	CLANCY/MONTANA CITY	_____
59638	JEFFERSON CITY	_____
59759	WHITEHALL/WATERLOO	_____

JEFFERSON COUNTY TOTAL**JUDITH BASIN**

59447	GEYSER	_____
59452	HOBSON/UTICA	_____
59462	MOCASSIN/KOLIN	_____
59469	RAYNESFORD	_____
59479	STANFORD/WINDHAM	_____

JUDITH BASIN COUNTY TOTAL**LAKE**

59821	ARLEE	_____
59910	BIG ARM	_____
59824	CHARLO/MOIESE	_____
59914	DAYTON	_____
59915	ELMO	_____
59855	PABLO	_____
59860	POLSON	_____
59929	PROCTOR	_____
59863	RAVALLI	_____
59931	ROLLINS	_____
59864	RONAN	_____
59865	SAINT IGNATIUS	_____

LAKE COUNTY TOTAL**LEWIS & CLARK**

59410	AUGUSTA	_____
59633	CANYON CREEK	_____
59635	EAST HELENA	_____
59636	FORT HARRISON	_____
59601	HELENA/AUSTIN	_____
59625	HELENA/CARROLLCOLL.	_____
59624	HELENA/DOWNTOWN BXS.	_____
59626	HELENA/FEDERAL BLDG.	_____
59620	HELENA/STATE COMPLEX	_____
59639	LINCOLN	_____
59640	MARYSVILLE	_____
59648	WOLF CREEK	_____

LEWIS & CLARK COUNTY TOTAL

LIBERTY

59522	CHESTER	_____
59531	JOPLIN	_____
59461	LOTHAIR	_____
59545	WHITLASH	_____

LIBERTY COUNTY TOTAL**LINCOLN**

59917	EUREKA	_____
59918	FORTINE	_____
59923	LIBBY	_____
59930	REXFORD	_____
59933	STRYKER	_____
59934	TREGO	_____
59935	TROY	_____

LINCOLN COUNTY TOTAL**MADISON**

59710	ALDER	_____
59720	CAMERON	_____
59729	ENNIS/JEFFERS	_____
59735	HARRISON	_____
59740	MCALLISTER	_____
59745	NORRIS	_____
59747	PONY	_____
59749	SHERIDAN/LAURIN	_____
59751	SILVER STAR	_____
59754	TWIN BRIDGES	_____
59755	VIRGINIA CITY	_____

MADISON COUNTY TOTAL**McCONE**

59214	BROCKWAY	_____
59215	CIRCLE	_____
59274	VIDA	_____

McCONE COUNTY TOTAL**MEAGHER**

59053	MARTINSDALE	_____
59642	RINGLING	_____
59645	WHITE SULPHUR SPRINGS	_____

MEAGHER COUNTY TOTAL**MINERAL**

59820	ALBERTON	_____
59830	DE BORGIA	_____
59842	HAUGAN	_____
59866	SAINT REGIS	_____
59867	SALTESE	_____
59872	SUPERIOR/TARKIO	_____

MINERAL COUNTY TOTAL**MISSOULA**

59823	BONNER/POTOMAC	_____
59825	CLINTON	_____
59826	CONDON	_____
59834	FRENCHTOWN	_____
59836	GRENOUGH	_____
59846	HUSON	_____
59847	LOLO	_____
59851	MILLTOWN	_____
59801	MISSOULA	_____
59802	MISSOULA	_____
59803	MISSOULA	_____
59806	MISSOULA	_____
59807	MISSOULA	_____
59808	MISSOULA	_____
59812	MISSOULA/UM	_____
59868	SEELEY LAKE	_____

MISSOULA COUNTY TOTAL**MUSSELSHELL**

59054	MELSTONE	_____
59059	MUSSELSHELL	_____
59072	ROUNDUP	_____

MUSSELSHELL COUNTY TOTAL**PARK**

59018	CLYDE PARK	_____
59020	COOKE CITY	_____
59021	CORWIN SPRINGS	_____
59027	EMIGRANT	_____
59030	GARDINER/MINER	_____
59047	LIVINGSTON	_____
59065	PRAY	_____
59081	SILVER GATE	_____
59082	SPRINGDALE	_____
59086	WILSALL	_____

PARK COUNTY TOTAL**PETROLEUM**

59017	CAT CREEK	_____
59084	TEIGEN	_____
59087	WINNETT	_____

PETROLEUM COUNTY TOTAL**PHILLIPS**

59524	DODSON	_____
59533	LANDUSKY	_____
59537	LORING	_____
59538	MALTA/WAGNER	_____
59261	SACO	_____
59544	WHITEWATER	_____
59546	ZORTMAN	_____

PHILLIPS COUNTY TOTAL**PONDERA**

59416	BRADY	_____
59425	CONRAD	_____
59456	LEDGER	_____
59432	DUPUYER	_____
59448	HEART BUTTE	_____
59486	VALIER	_____

PONDERA COUNTY TOTAL**POWDER RIVER**

59314	BIDDLE	_____
59317	BROADUS/BELLE CREEK	_____
59325	EPSIE	_____
59343	OLIVE	_____
59062	OTTER	_____
59345	POWDERVILLE	_____
59348	SONNETTE	_____

POWDER RIVER COUNTY TOTAL**POWELL**

59713	AVON	_____
59722	DEER LODGE/GALEN	_____
59728	ELLISTON	_____
59731	GARRISON	_____
59733	GOLDCREEK	_____
59843	HELMVILLE	_____
59854	OVANDO	_____

POWELL COUNTY TOTAL**PRAIRIE**

59326	FALLON	_____
59341	MILDRED	_____
59349	TERRY	_____

PRAIRIE COUNTY TOTAL

RAVALLI

59827	CONNER	_____
59828	CORVALLIS	_____
59829	DARBY	_____
59833	FLORENCE	_____
59835	GRANTSDALE	_____
59840	HAMILTON	_____
59841	PINESDALE	_____
59870	STEVENSVILLE	_____
59871	SULA	_____
59875	VICTOR	_____
RAVALLI COUNTY TOTAL		_____

RICHLAND

59217	CRANE	_____
59220	ENID	_____
59221	FAIRVIEW	_____
59243	LAMBERT	_____
59262	SAVAGE	_____
59270	SIDNEY	_____
RICHLAND COUNTY TOTAL		_____

ROOSEVELT

59212	BAINVILLE	_____
59213	BROCKTON	_____
59218	CULBERTSON	_____
59226	FROID	_____
59245	McCABE	_____
59255	POPLAR	_____
59201	WOLF POINT/OSWEGO	_____
ROOSEVELT COUNTY TOTAL		_____

ROSEBUD

59312	ANGELA	_____
59003	ASHLAND	_____
59012	BIRNEY	_____
59323	COLSTRIP	_____
59327	FORSYTH	_____
59333	HATHAWAY	_____
59039	INGOMAR	_____
59043	LAME DEER	_____
59346	ROCK SPRINGS	_____
59347	ROSEBUD	_____
59083	SUMATRA	_____
ROSEBUD COUNTY TOTAL		_____

SANDERS

59831	DIXON	_____
59844	HERON	_____
59845	HOT SPRINGS	_____
59848	LONEPINE	_____
59852	NIRADA	_____
59853	NOXON	_____
59856	PARADISE	_____
59857	PERMA	_____
59859	PLAINS	_____
59873	THOMPSON FALLS	_____
59874	TROUT CREEK	_____
SANDERS COUNTY TOTAL		_____

SHERIDAN

59211	ANTELOPE	_____
59216	COALRIDGE	_____
59219	DAGMAR	_____
59242	HOMESTEAD	_____
59247	MEDICINE LAKE	_____
59252	OUTLOOK	_____
59254	PLENTYWOOD	_____
59256	RAYMOND	_____
59257	REDSTONE	_____
59258	RESERVE	_____
59275	WESTBY	_____
SHERIDAN COUNTY TOTAL		_____

SILVER BOW

59701	BUTTE/WALKERVILLE	_____
59702	BUTTE	_____
59703	BUTTE	_____
59727	DIVIDE	_____
59743	MELROSE	_____
59748	RAMSAY	_____
SILVER BOW COUNTY TOTAL		_____

STILLWATER

59001	ABSAROOKEE	_____
59019	COLUMBUS	_____
59028	FISHTAIL	_____
59067	RAPELJE	_____
59069	REEDPOINT	_____
59057	MOLT	_____
59061	NYE	_____
59063	PARK CITY	_____
STILLWATER COUNTY TOTAL		_____

SWEET GRASS

59011	BIG TIMBER	_____
59033	GREYCLIFF	_____
59052	McLEOD	_____
59055	MELVILLE	_____
SWEET GRASS COUNTY TOTA		_____

TETON

59419	BYNUM	_____
59422	CHOTEAU	_____
59433	DUTTON	_____
59436	FAIRFIELD	_____
59467	PENDROY	_____
59468	POWER	_____
TETON COUNTY TOTAL		_____

TOOLE

59435	ETHRIDGE	_____
59437	FERDIG	_____
59444	GALATA	_____
59454	KEVIN	_____
59466	OILMONT	_____
59474	SHELBY/DEVON	_____
59482	SUNBURST	_____
59484	SWEETGRASS	_____
TOOLE COUNTY TOTAL		_____

TREASURE

59010	BIGHORN	_____
59038	HYSHAM/MYERS	_____
59076	SANDERS	_____
TREASURE COUNTY TOTAL		_____

VALLEY

59223	FORT PECK	_____
59225	FRAZER/LUSTRE	_____
59230	GLASGOW/TAMPICO	_____
59231	GLASGOW/AFB	_____
59240	GLENTANA	_____
59241	HINSDALE	_____
59244	LARSLAN	_____
59248	NASHUA	_____
59250	OPHEIM	_____
59260	RICHLAND	_____
59231	SAINT MARIE	_____
59273	VANDALIA	_____
VALLEY COUNTY TOTAL		=====

WHEATLAND

59036	HARLOWTON	_____
59453	JUDITH GAP	_____
59078	SHAWMUT	_____
59085	TWODOT	_____
WHEATLAND COUNTY TOTAL		=====

WIBAUX

59320	CARLYLE	_____
59353	WIBAUX	_____
WIBAUX COUNTY TOTAL		=====

YELLOWSTONE

59002	ACTON	_____
59006	BALLANTINE	_____
59101	BILLINGS	_____
59102	BILLINGS	_____
59103	BILLINGS	_____
59104	BILLINGS	_____
59105	BILLINGS/BILLINGS HT	_____
59106	BILLINGS	_____
59107	BILLINGS	_____
59015	BROADVIEW	_____
59024	CUSTER	_____
59037	HUNTLEY	_____
59044	LAUREL	_____
59064	POMPEYS PILLAR	_____
59079	SHEPHERD	_____
59088	WORDEN	_____
YELLOWSTONE COUNTY TOTAL		=====

UNKNOWN INSTATE TOTAL	_____
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OUT OF STATE TOTAL	_____
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TOTAL FOR ALL COUNTIES	=====
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INSTRUCTIONS FOR HOSPITALS

- Address:** Please write the name and address of the facility on Page 1 of the survey.
- Copies:** Mail or fax a typed or clearly printed copy to: Department of Public Health and Human Services, Certificate of Need Program, 2401 Colonial Drive, 2nd Floor, P.O. Box 202953, Helena, Montana 59620-2953. This survey may be submitted electronically to psourbeer@mt.gov. **Keep a copy of the survey for your files.**
- Note:** Answer every item. Enter "O" to mean none; enter "N/A" to mean data that is not available from your records.

A. REPORTING PERIOD

The preferred reporting period is January 1, 2005, through December 31, 2005. It is permissible to use a different 12-month period, but please be consistent from year to year, and indicate the time period used.

B. CLASSIFICATION

1. The following definitions apply to this section of the survey:

Not For Profit:	Excess revenue retained by the corporation; exempt from federal income taxation under section 501 of the Internal Revenue Code of 1954.
For Profit (Proprietary):	Excess revenue distributed to owners or shareholders or held as retained earnings, subject to federal taxation.
2. Please indicate the governmental entity (state, city, county or federal), corporation, company, etc., responsible for the ownership and management of the agency.

C. UTILIZATION OF BEDS AND SERVICES. Report utilization for a full 12-month period.

9. "Other" should NOT include any long-term care facility (skilled nursing) beds operated as part of a combined facility. The utilization of long-term care beds should be reflected on the facility's Annual Survey of Long-Term Care Facilities.
11. "Swing beds" should include only those beds certified as swing beds; other long-term care facility (skilled nursing) beds should NOT be included in this section.

E. PERSONNEL DATA. Exclude volunteers and all personnel whose salary is financed entirely by outside research grants.

For combined facilities, report **ONLY** the personnel for the hospital.

F. FINANCIAL DATA. Report expenses for the full 12-month period. If actual figures are not available, please estimate (indicate which figures have been estimated). Please do not use “N/A” in this section. Round all figures to the nearest dollar.

1.
 - a. Total gross revenue: Includes total revenues from direct patient care and all other sources.
 - c. Payroll expenses: Report salaries for full-time and part-time personnel as reported in section E, Personnel Data.
 - d. Non-payroll expenses: Include all costs for goods and services that have been used or consumed during the reporting period.

Compare financial data with 2004 Annual Survey financial data and explain any differences exceeding 10%.

G. PATIENT ORIGIN DATA. Report all patients discharged from the facility for the reporting year by zip code and county of origin. Please total discharges from all counties on page 8.

If you have any questions, please contact the Certificate of Need Program, Montana Department of Public Health and Human Services, 2401 Colonial Drive, 2nd Floor, P.O. Box 202953, Helena, Montana 59620-2953. Telephone (406) 444-9519, Fax (406) 444-1742 or E-Mail psourbeer@mt.gov